

31

BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 31	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Colorado b. COUNTY unknown 997			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eckley 5			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location) none 2			
3. NAME OF DECEASED (Type or Print)		a. (First) WILBER		b. (Middle) A.		c. (Last) LANE	
4. DATE OF DEATH		(Month) 21		(Day) 29		(Year) 49	
5. SEX Male U		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 3		8. DATE OF BIRTH 11/15/67	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) North Haven Conn. /	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Alfred Lane		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Belle Tuttle Lane, dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilber Lane, Jr. Maryville, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage DUE TO (c) Benign prostatic hypertrophy 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 15 min 6 weeks 1775 17			
19a. DATE OF OPERATION 1/31/49		19b. MAJOR FINDINGS OF OPERATION Benign prostatic hypertrophy		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 13, 1948 to Jan. 29, 1949, that I last saw the deceased alive on 1/29, 1949 and that death occurred at 11:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. D. U				23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 1/30/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1/31/49		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) Eckley, Colo.	
DATE REC'D BY LOCAL REG. 2-6-49		REGISTRAR'S SIGNATURE Bess Holt		25. FUNERAL DIRECTOR'S SIGNATURE John W. Price		ADDRESS Maryville, Mo.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John W. Price

Licensed Embalmer No. *4281*

P. O. Address *Maryville Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.